

Index of Claims				Application No.	Applicant(s)
				09/705,844	OSHIMA, MITSUAKI
				Examiner Amanda T Le	Art Unit 2634
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> - (Through numeral) <input type="checkbox"/> + Restricted Cancelled		<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected
Claim	Date	Claim	Date	Claim	Date
Final Original Am. Co.		Final Original Am. Co.		Final Original Am. Co.	
1		51	✓	101	
2		52		102	✓✓✓
3		53		103	✓✓✓
4		54		104	✓✓✓
5		55		105	✓✓✓
6		56		106	✓✓✓
7		57		107	✓✓✓
8		58		108	✓✓✓
9		59		109	✓✓✓
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44		94		144	
45		95		145	
46		96		146	
47		97	✓	147	
48		98	✓✓✓	148	
49		99	✓✓✓	149	
50	✓	100	✓✓✓	150	